Must pay in exact cash or check. You will be asked to get smaller bills if you bring in large bills Check are to made out to: **City of Havre** 

## **City Swim Lesson Registration**



Participant's N	Name:						
Birthdate:		Sex:			Age		
Fathers Name	):		Mother's Nar	ne:			
Address:		City: _		Zip Co	ode:		
<b>Home Phone</b>	<b>:</b>		Cell Phone: _				
Parents Ema	il :						
		Swim	ming Lesso	<u>ns</u>			
		Circle	e One:				
		8 Lessons	essons  Group Lesson:  \$50/ 1st swimmers  \$45/ each additional swimmer				
	Circle One:						
	Days:	ys: Monday & Wednesday					
		Session 1	Session 2  July 8th - July 18th  9:30 am - 10 am 10:  4:30 pm - 5 pm 5pr			Session 3 July 29th - Aug 8th	
	Session:	June 17th - June 27th					
	Time Slots:	9 am - 9:30 am					
		4 pm - 4:30 pm					
Age Group (6 months - 5 yr		(6 months - 5 yr):	Mom & Tot	Pre-So	chool 1	Preschool 2/3	
	(K - 8th):	Level 1	Level 2	Lev	vel 3	Level 4	
			Level 5		Level	6	
Has the swimmer had previous swim lessons?			Yes No				
If yes, what le	vel and where	:					
Does the swim	mer have any	hesitations in the water?	? If yes, please	explain			
Does the swim	mer have any	special needs or physica	al consideration	ns the instructo	r should	be aware of? If yes,	

Feel free to contact our Aquatics Director, Hayley Coursey, (406)-265-8161, with questions or concerns regarding our programs. We are looking forward to teaching your child to swim and enjoy the water.